

| MULTIPLE DEPENDENT CLAIM | | | | | |
|-----------------------------|-----------|------------------------------------|-----------|------------------------------------|-----------|
| FEE CALCULATION SHEET | | | | | |
| (FOR USE WITH FORM PTO-875) | | | | | |
| SERIAL NO. | | FILING DATE | | APPLICANT(S) | |
| AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| 1 | IND. DEP. | IND. DEP. | IND. DEP. | IND. DEP. | IND. DEP. |
| 2 | 51 | 52 | 53 | 54 | 55 |
| 3 | 56 | 57 | 58 | 59 | 60 |
| 4 | 61 | 62 | 63 | 64 | 65 |
| 5 | 66 | 67 | 68 | 69 | 70 |
| 6 | 71 | 72 | 73 | 74 | 75 |
| 7 | 76 | 77 | 78 | 79 | 80 |
| 8 | 81 | 82 | 83 | 84 | 85 |
| 9 | 86 | 87 | 88 | 89 | 90 |
| 10 | 89 | 91 | 92 | 93 | 94 |
| 11 | 90 | 92 | 93 | 94 | 95 |
| 12 | 91 | 93 | 94 | 95 | 96 |
| 13 | 92 | 94 | 95 | 96 | 97 |
| 14 | 93 | 95 | 96 | 97 | 98 |
| 15 | 94 | 96 | 97 | 98 | 99 |
| 16 | 95 | 97 | 98 | 99 | 100 |
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| CLAIMS | | | | | |
| TOTAL DEP. 3 | | | | | |
| TOTAL IND. 1 | | | | | |
| TOTAL DEP. 7 | | | | | |
| TOTAL CLAIMS 7 | | | | | |

10-540356